

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-878)							SERIAL NO. <div style="border: 1px solid black; padding: 2px; display: inline-block;">097400973</div>	FILING DATE					
							APPLICANT(S)						
CLAIMS													
No.	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		No.	IND. DEP.		IND. DEP.		IND. DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
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42							92						
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45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						